

PLEASE MAKE A CHECK MARK IN THE BOX BELOW THE ANSWER WHICH BEST DESCRIBES YOUR PERSONAL SITUATION.

EXAMPLE: I exercise regularly:

never ☐ **rarely** ☐ **sometimes** ☐ **occasionally** ☐ **always** ☐

1. Changing position causes me to become lightheaded (lying to standing, or sitting to standing):

never ☐ **rarely** ☐ **sometimes** ☐ **occasionally** ☐ **always** ☐

2. When walking, I have trouble keeping my balance:

never ☐ **rarely** ☐ **sometimes** ☐ **occasionally** ☐ **always** ☐

3. When eating or drinking liquids, I have difficulty swallowing:

never ☐ **rarely** ☐ **sometimes** ☐ **frequently** ☐ **always** ☐

4. My Parkinson's symptoms affect my ability to communicate with people:

never ☐ **rarely** ☐ **sometimes** ☐ **frequently** ☐ **always** ☐

5. The need to go to the bathroom wakes me in the night:

never ☐ **rarely** ☐ **sometimes** ☐ **frequently** ☐ **always** ☐

6. My Parkinson's symptoms affect my ability to show affection in intimate or sexual ways:

never ☐ **rarely** ☐ **sometimes** ☐ **frequently** ☐ **always** ☐

7. I have aching/burning/coldness/numbness in my hand/feet:

never ☐ **rarely** ☐ **sometimes** ☐ **frequently** ☐ **always** ☐

8. I have difficulty with bladder control (frequency, urgency, inability):

never ☐ **rarely** ☐ **sometimes** ☐ **frequently** ☐ **always** ☐

9. Constipation is a problem:

never ☐ **rarely** ☐ **sometimes** ☐ **frequently** ☐ **always** ☐

10. My Parkinson's symptoms cause me to have trouble falling asleep, or waking early:

never ☐ **rarely** ☐ **sometimes** ☐ **frequently** ☐ **always** ☐

11. I have trouble staying asleep:

never ☐ **rarely** ☐ **sometimes** ☐ **frequently** ☐ **always** ☐

12. My Parkinson's symptoms make it hard to maintain a positive outlook:

always ☐ **frequently** ☐ **sometimes** ☐ **rarely** ☐ **never** ☐

13. My Parkinson's symptoms cause me to feel like a burden to other people:

never ☐ **rarely** ☐ **sometimes** ☐ **frequently** ☐ **always** ☐

14. My Parkinson's symptoms have affected my social life:

never ☐ **rarely** ☐ **sometimes** ☐ **frequently** ☐ **always** ☐

15. I worry about what the future has in store:

always ☐ **frequently** ☐ **sometimes** ☐ **rarely** ☐ **never** ☐

16. Asking others for help is difficult for me:

always ☐ **frequently** ☐ **sometimes** ☐ **rarely** ☐ **never** ☐

17. Maintaining my independence is important to me:

never ☐ **rarely** ☐ **sometimes** ☐ **frequently** ☐ **always** ☐

18. It has been difficult to adjust to the changes which have taken place in my body:

very ☐ **moderately** ☐ **somewhat** ☐ **slightly** ☐ **not at all** ☐

19. My Parkinson's symptoms have not affected my social life:

strongly agree ☐ **somewhat agree** ☐ **agree** ☐ **somewhat disagree** ☐ **strongly disagree** ☐

20. Travel remains an important part of my leisure activities:

strongly agree ☐ **somewhat agree** ☐ **agree** ☐ **somewhat disagree** ☐ **strongly disagree** ☐

21. My Parkinson's symptoms have affected my family role and relationship:

strongly agree ☐ **somewhat agree** ☐ **agree** ☐ **somewhat disagree** ☐ **strongly disagree** ☐

22. My Parkinson's symptoms cause me to stay away from social gatherings:

strongly agree ☐ **somewhat agree** ☐ **agree** ☐ **somewhat disagree** ☐ **strongly disagree** ☐

23. My spouse/children/friends' view of me has changed because of my illness:

strongly agree ☐ **somewhat agree** ☐ **agree** ☐ **somewhat disagree** ☐ **strongly disagree** ☐

24. I feel I am less sexually desirable because of my illness:

strongly agree ☐ **somewhat agree** ☐ **agree** ☐ **somewhat disagree** ☐ **strongly disagree** ☐

IN THE PAST 7 DAYS:

25. In my personal hygiene (bathing, hair care, make up, shaving, or toileting) I have been independent:

everyday ☐ **5-6 days** ☐ **3-4 days** ☐ **1-2 days** ☐ **never** ☐

26. In food preparation or eating I am independent:

everyday ☐ **5-6 days** ☐ **3-4 days** ☐ **1-2 days** ☐ **never** ☐

27. Written or spoken communication is a problem for me:

never ☐ **rarely** ☐ **sometimes** ☐ **frequently** ☐ **always** ☐

28. Fatigue makes participation in activities, household chores, shopping or yard work a problem for me:

always ☐ **frequently** ☐ **sometimes** ☐ **rarely** ☐ **never** ☐

29. My Parkinson's symptoms interfere with my ability to do my usual share in the home:

always ☐ **frequently** ☐ **sometimes** ☐ **rarely** ☐ **never** ☐

30. My nighttime symptoms keep me from sleeping with my spouse/partner:

everyday ☐ **5-6 days** ☐ **3-4 days** ☐ **1-2 days** ☐ **never** ☐

31. My Parkinson's symptoms have interfered with my driving ability:

doesn't apply ☐ **rarely** ☐ **sometimes** ☐ **frequently** ☐ **constantly** ☐

32. My illness has caused a financial strain for me and my family:

doesn't apply ☐ **rarely a concern** ☐ **sometimes** ☐ **frequently** ☐ **constantly** ☐

33. Compared to 6 months ago, my Parkinson's symptoms are:

much better ☐ **somewhat better** ☐ **about the same** ☐ **somewhat worse** ☐ **much worse** ☐

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